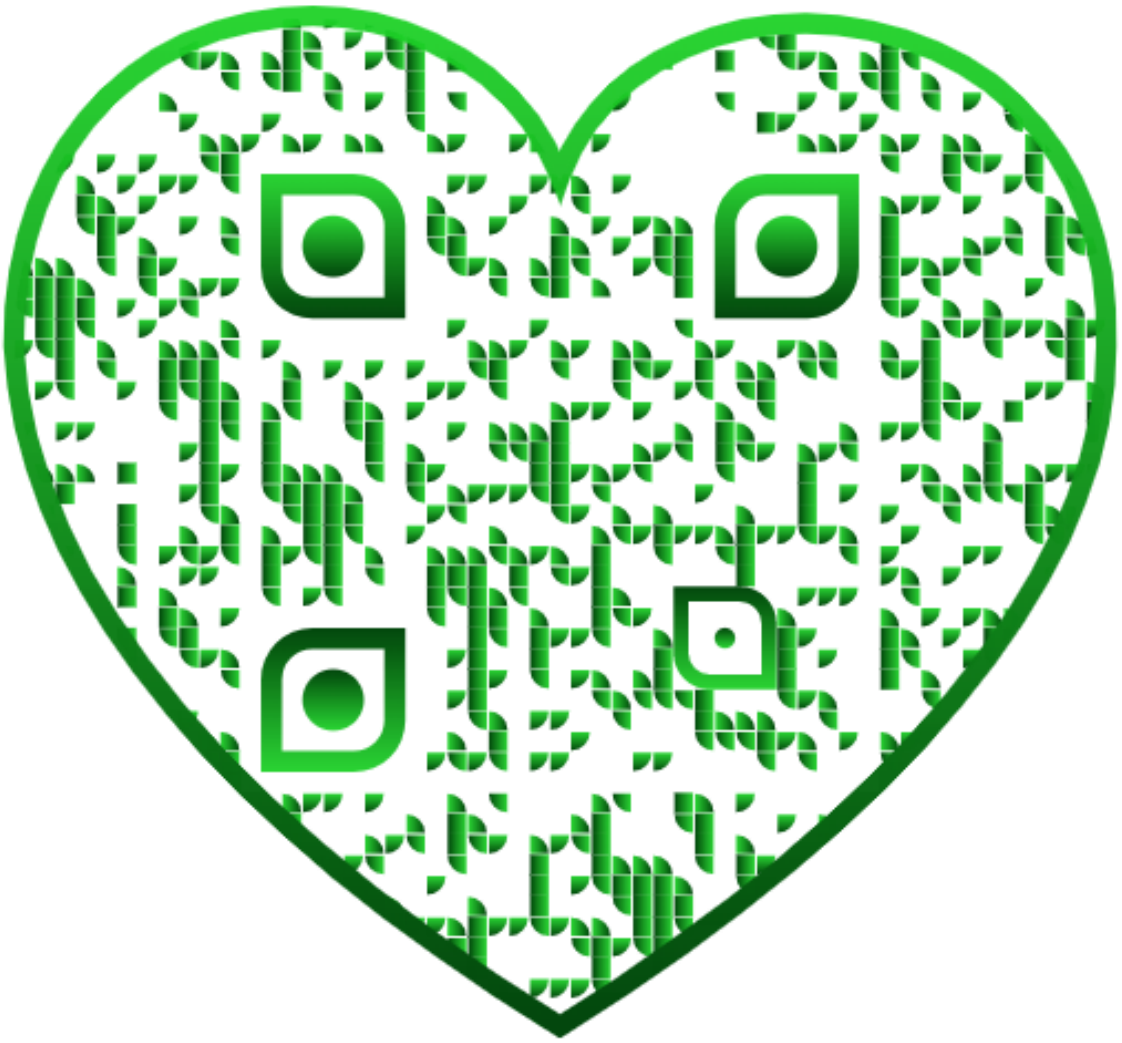
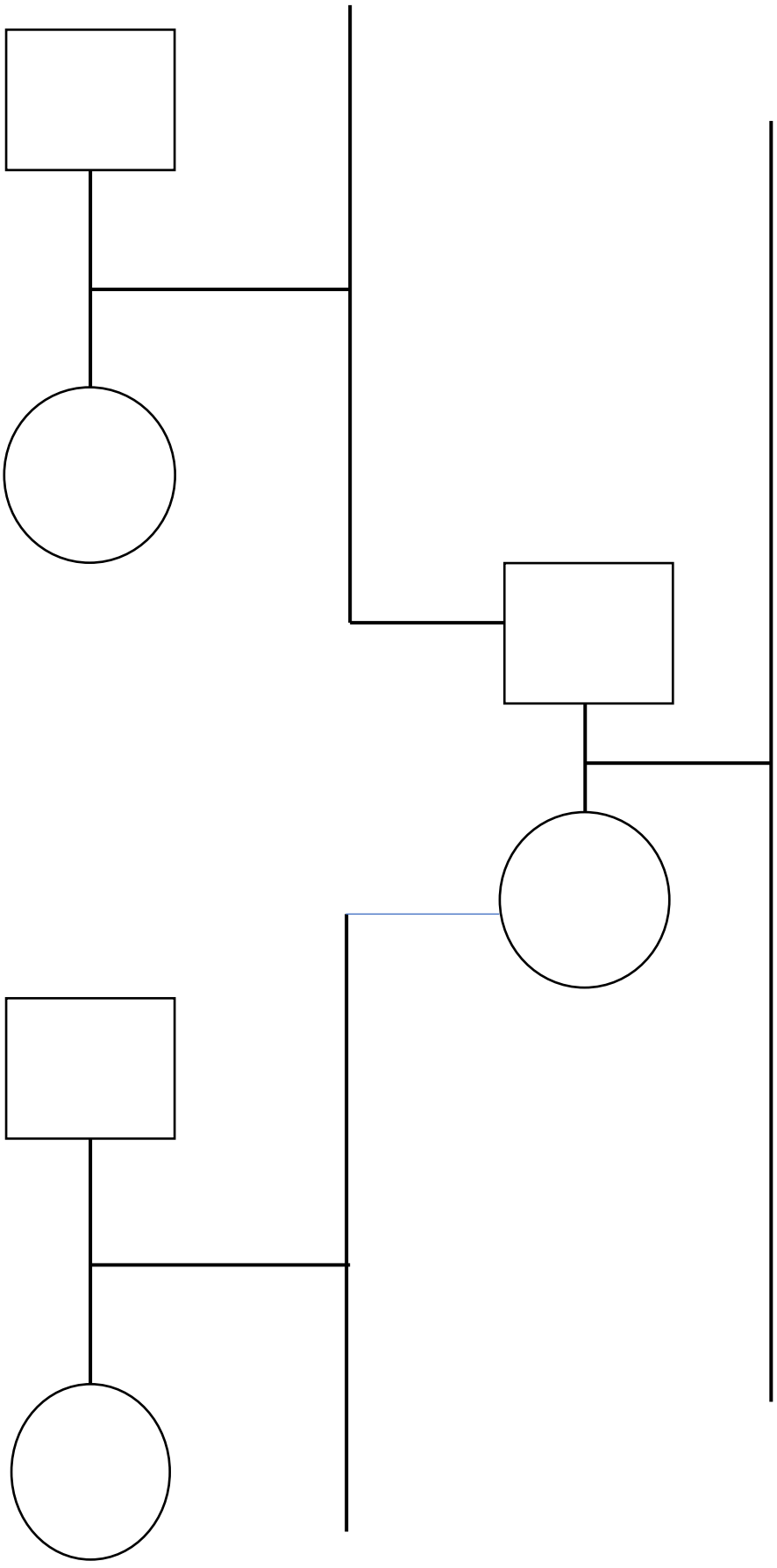
PSYCHIATRIC HISTORY

DR. Mohammad Elsebahy

❖ PERSONAL DATA

Name:	sex:
Date of birth:	
Level of education:	
Occupation:	
Marital status: □single □married □divorced □separated □widowed	
Address:	





❖ Source of referral:

☐**by himself** ☐**by his family**

☐**referred by doctor**: ……

If admitted: ☐**voluntary** ☐**involuntary**

❖ Complaint of the Patient:

……

……

……

❖ Complaint of the informant:

Who is the informant: …… relation to the patient: ……

Relation with the patient: …… reliability: ……

Complaint:

……

……

……

Areas of clinical interset

- ☐ **Physical complaints**
- ☐ **Substance use**
- ☐ **Psychosis**
- ☐ **Mood disturbance**
- ☐ **Anxiety, avoidance or arousal**
- ☐ **Social & personality problems**

History of present illness

(stressors – onset- symptoms- previous episodes- course- previous treatments- hospitalization)

❖ History of present illness

Onset: (□sudden □acute □gradual)

course: (□progressive □stationary with remission and exacerbation □remittent □regressive)

duration:

❖ Past psychiatric and medical history

Past psychiatric history

psychiatric illness	date	duration	Notes or ttt outcome
Episodes of self-harm			

Past medical and surgical history

Illnesses			
Operations			
Accidents			
Current medications			
allergic or other adverse reactions			

		when	How much	Problems related
Substance use history	**tobacco**			
	alcohol			
	hashish			

❖ Family history

Health	Similar conditions							
	Any other psych. Dis.							
	Drug dependence							
	epilepsy							
	Neurological dis.							
Relation to the patient								
Occupation or Level of education								
age								
	father							
	mother							
	Parents	Siblings						

❖ Personal history

<table>
<tr><td>Pregnancy and birth abnormalities</td><td colspan="4">□infections □prematurity □problems with labor: ……</td></tr>
<tr><td rowspan="12">Early developmental milestones

(not necessary in adults)</td><td></td><td></td><td>Normal range</td><td>√</td></tr>
<tr><td rowspan="4">Motor gross</td><td>Sits alone</td><td>5-9 months</td><td></td></tr>
<tr><td>crawls</td><td>6-12 months</td><td></td></tr>
<tr><td>stands</td><td>8-17 months</td><td></td></tr>
<tr><td>Walks alone</td><td>9-18 months</td><td></td></tr>
<tr><td rowspan="2">language</td><td>1st word</td><td>1-3 years</td><td></td></tr>
<tr><td>2-word phrases</td><td>15-32 months</td><td></td></tr>
<tr><td rowspan="6">Social & self help</td><td>Responsive smile</td><td>1-3 months</td><td></td></tr>
<tr><td>Finger feeds</td><td>7-14 months</td><td></td></tr>
<tr><td>Drinks from cup</td><td>9-17 months</td><td></td></tr>
<tr><td>Uses spoon</td><td>12-20 months</td><td></td></tr>
<tr><td>Bowel control</td><td>16-42 months</td><td></td></tr>
<tr><td>Dressed self</td><td>3.35-5 years</td><td></td></tr>
<tr><td>Neurotic traits</td><td colspan="4">□Temper tantrum □Thumb suckling □Nail biting □N.E.</td></tr>
<tr><td>Temperaments</td><td colspan="4">□easy or flexible (40%) □Difficult (10%) □Slow-to-warm up (15%)

<table>
<tr><td>intensity</td><td>□strong emotional response</td><td>□weak emotional response</td></tr>
<tr><td>persistence</td><td>□determined</td><td>□easily persuaded</td></tr>
<tr><td>sensitivity</td><td>□strong reaction</td><td>□weak reaction</td></tr>
<tr><td>perceptiveness</td><td>□aware of surrounding</td><td></td></tr>
<tr><td>adaptive</td><td>□adapt</td><td>□resist change</td></tr>
<tr><td>regularity</td><td>□regular pattern</td><td>□follow schedule</td></tr>
<tr><td>energy</td><td>□high</td><td>□low</td></tr>
<tr><td>1st reaction to new situations</td><td>□open to trying</td><td>□slow to watch others</td></tr>
<tr><td>mood</td><td>□cheerful</td><td>□cranky</td></tr>
</table></td></tr>
<tr><td>Childhood</td><td colspan="4">□prolonged separation from the parents, if present the ptn. reaction
……
□emotional problems: ……
□serious illness: ……</td></tr>
<tr><td>Schooling and higher education</td><td colspan="4">Type: ……. …qualifications: ……
relationships with teachers: …… and other students: ……
Athletic abilities and participation in sports……
□experience of bullying, if present: nature: ……
duration: ……. and impact: ……
□school exclusions: ……
□school truancy</td></tr>
<tr><td>Occupations</td><td colspan="4">Present job: from: ……... □all days □specific days: ……...
duties: ……...
performance: ……
□satisfied □not satisfied
Income: ……. Insurance coverage: ……</td></tr>
</table>

Earlier jobs	from	to	reasons for changes

Military history

When? From …… **to** …… **where?** ……
Rank achieved: …… **Combat exposure**: ……
disciplinary actions: …… **Discharge status**: ……

Significant relationships

current partner: …… duration: …… nature of relationship: ……
Partners health: □good □bad ……
attitude to the patient's illness: ……

Previous relationships	from	to	Nature of relationship

puberty

	Age of onset	**reaction**
Nocturnal emission♂		
Menarche ♀		

Sexual history

Sexual orientation: □heterosexual □homosexual □bisexual
□**early sexual teaching** …… □early **sexual experiences**……
□experience of being **sexually abused**:
……
□**attitude** toward sexual behaviour: ……
□**Masturbating** patterns and fantasies: ……
□**Preoccupation** with particular sexual practices: ……
□**Premarital** relationships……
□**Extramarital** relationships: ……
□P**recautions** taken to prevent sexually transmitted diseases and/or pregnancy: ……

Current Sexual relation	♂	♀
Desire phase	□sexual **fantasies** (the object is: ……) Who **initiates** sex? …… and how? ……	
Excitement phase	□achieving **erection** □maintaining erection	□ arousal in women □**lubrication**
Orgasm phase	□orgasm occurrence □premature ejaculation □delayed ejaculation □ painful ejaculation	□orgasm occurrence □orgasmic dysfunction □vaginismus □dyspareunia
Resolution phase	□satisfaction □frustration □continued arousal	

Relationship to current symptoms: ……

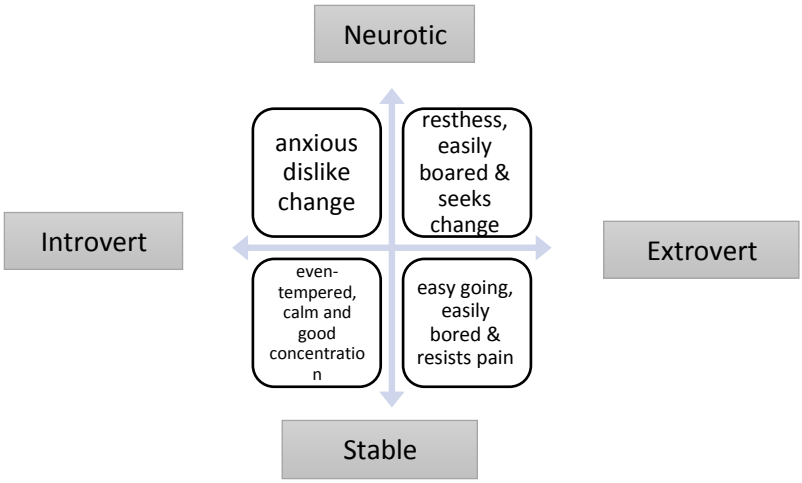
Pregnancy & lactation in females

No of pregnancies: ( ) □if now lactating

date	**Physical problems**	**Psychological problems**

Children	**child**	**temperament**	**emotional development**	**Mental health**	**physical health**	**The care giver**
Social circumstances	**Accommodation**: …… **household composition**: …… **Financial situation**: …… Current relationships with: □parents: …… □grandparents: …… □children: …… □grandchildren: ……					
Substance use						
Forensic history	**□Arrests…**…… **□Convictions:** …… **□Imprisonment:** ……					

❖ Premorbid Personality

Relationships		**□few □many**	**□superficial □close**	**□with the same sex □with opposite sex**
	friendships			
	work colleagues			
	superiors			
Use of leisure time	**Hobbies:** …… **Interests:** ……			
Personality traits				
Attitudes and standards	**moral or religious**…… **attitude towards health**……			

❖ Mental State Examination

Appearance	**Level of consciousness**: □alert □hypervigilant □decreased arousal
	Appears □his- her stated age □younger □older
	Dressing: □appropriate □eccentric □careless **Grooming**: □good □bad **Hygiene**: □clean □shaven □unshaven □malodourous
	Physical characteristics: □needle marks □scars □skin lesions □tattoos □obesity □thinness □sweating □handicaps □amputated limbs
	Eye contact: □avoid □good □staring □looks in unexpected directions
Attitude	□cooperative □disinterested □guarded □suspicious □regressed (childlike) □disinhibited □arrogant-grandiose □vigilant □hostile □agitated
Psychomotor activity	□**Normal** □stupor □slowing or retardation (bradykinesia) □restlessness □agitation (hyperkinesia) □excitement
	□special gait: ……... □special posture: ……. □waxy flexibility
	Tremors: □resting □postural & action tremor □intention tremor
	Tardive dyskinesia: □tongue protrusions. □lip-smacking □twisting
	Acute dystonia: □twisting of the neck & back □oculogyric crisis □torticollis □backward arching □difficulty in (talking, swallowing, or breathing)
	Tics: □simple: …… □complex (□involuntary movements …… □vocalizations ……)
	□**Mannerisms:** …… □**Stereotype:** …….…… □**Perseveration**: □verbal …… □physical ……... □**Echopraxia:** ……
	Compulsive acts: □checking □counting □washing or cleaning □ordering □religious rituals □hoarding □seeking assurance from others
	Suggestibility: (□negativism □automatic obedience □resistance)
Speech and Language	• **Fluency:** □fluent □Non-fluent (□scanning speech □Stuttering □Cluttering) **Word finding:** □Anomia □agnosia □apraxia • **Amount:** □mute □little □normal □increased (talkative) • **Rate:** □slow □rapid (pressured) • **Tone, and volume:** □low □high **(**□yelling □soft spoken □whispering □hoarseness) **Rhythm (Speech latency):** □long and prolonged □slow **Articulation**: □ Dysarthria □slurred speech **Phonation**: □ hypernasality
Mood	□**Euthymic** □**Apathetic** □**Sad** □**Apprehensive** □**Euphoric** □**Angry**
Affect	• **Quality:** □flat □dysphoric □tearful □happy □excited □euthymic □irritable □angry □agitated □…… • **Quantity (Intensity):** □mild □moderate □sever • **Range:** □restricted □normal □labile • **Appropriateness:** □Appropriate □inappropriate • **Congruence (**with the patient's described mood or thought content**):** □congruent □incongruent

Thought processes	**Normal thought process**: □linear □organized and □goal directed **FTD:** □Circumstantiality □Clang associations □Derailment (Loose associations) □Flight of ideas □Neologisms □Perseveration □Tangentiality □Word salad □Thought blocking
Thought content	□**Poverty of thought content**
	□**Preoccupation**: ……
	Obsessions: • **Type:** □thoughts □images □impulses • **Content:** □contamination □fear of losing control □violence □sexual □religious & moral □ordering and symmetry □hoarding
	Near-Delusional Beliefs: □Overvalued idea □Magical thinking
	Delusion: • **bizarreness** □bizarre □non-bizarre **(**systematized) • **Type**: □persecutory □grandeur □erotomanic □reference □control □thought control □thought broadcasting □thought insertion □guilt □poverty □nihilistic □infidelity □hypochondriacal • **Onset**: □**1ry** □2ry to …… • **Experience:** □delusional mood □delusional memory □delusional perception • **Congruency**: □mood congruent □mood incongruent • **Response:** □astonishment □anger □terror □habituation □resistance □……..
	Suicidal ideation: □ideation □intent □plan □preparation
	Homicidal ideation: □ideation □intent □plan □preparation
Perception	□**Illusion:** □Jamais vu □déjà vu □macropsia □micropsia □affective illusion
	Hallucinations: □Hypnagogic hallucinations (normal experience) □visual □olfactory □tactile □gustatory □auditory If auditory: (□2nd person □3rd person) (□commentary □thought echo**)** **Reaction to it:** ……..
	□**Autos copy:** (see one's own body in the space, not seeing him in the mirror □**Depersonalization** □**Derealization**
cognition	**Orientation:** □time □place □person
	Attention: □digit span
	Concentration: □count backward □serial seven subtractions □serial three subtractions from 20 □spelling the word WORLD backward □recite the days of the week or months of the year backward.
	Memory: □Immediate recall □Recent (retell the story after 5 min. - word-list learning task) □Remote □**Episodic memory** (time-tagged, personalized, and experiential knowledge.) **Semantic memory:** □last 3 presidents □listing things
	Constructional and visuospatial ability: □Apraxia**:** ability to write with a pen □copy 2 intersecting pentagons.
	Abstraction and conceptualization □identify similarities □interpret proverbs
Insight	□fully insighted (I have a problem, it is a psychiatric illness, and I need treatment) □partially insighted …… □lack of insight

❖ Physical examination

system	Any current problem	Relation to current psychiatric symptoms
Circulatory system	Bl. Pressure Radial pulse Heart sounds	
Digestive system	Any swelling Bowel sounds hernias	
Central nervous system	Examination of all 4 limbs: ✓ Tone ✓ Power ✓ Reflexes ✓ Weakness ✓ Altered sensations Gait inspection Hand-eye coordination Involuntary movements Cranial nerve examination Fundoscopy (if necessary)	
Liver	□Jaundice □Spider naevi □Gynecomastia □Palmer erythema □hepatomegaly	
thyroid	Hyperthyroidism: □agitation □sweating □tremor □exophthalmos □myxedema Hypothyroidism: □dry skin □dry hair □hair loss □goiter □hoarse voice □weight gain □psychomotor retardation	
Respiratory system	Respiratory rate Chest expansion Percussion note Breath sounds	
Intoxication or withdrawal symptoms		

❖ Risk assessment

☒ Risk of harm to others

☒ Risk of harm to self

- Suicide
- Deliberate self-harm
- Neglect

Personal factors	Illness-related factors
□Previous violence	□psychotic symptoms
□Antisocial, impulsive, or irritable personality	□substance misuse
□Young males	□treatment-resistant
□Recent life crisis	□poor compliance with treatment
□Poor social network	□stopped medication recently
□Divorced or separated	**Factors in the mental state**
□unemployed	□Irritability, hostility, anger
□Social instability	□Suspiciousness
□Parent with history of violence	□Thoughts of violence towards others
Situational factors	□Threats to people to whom patient has access
□Confrontation and provocation by others	□Planning of violence*
□Situations associated with previous violence	□Persecutory delusions
□Ready availability of weapons	□Delusions of jealousy
	□Delusions of influence
	□Hallucinations commanding violence to others
	□Suicidal ideas with severe depression
	□Clouding of consciousness
	□Lack of insight about illness

❖ Formulation

According to Biopsychosocial model:

	Predisposing factors	Precipitating factors	Maintaining factors
Biological factors	Genetic factors	**e.g.** ▪ recent physical illness ▪ substance use ▪ sleep deprivation	**e.g.** ▪ chronic medical disease ▪ continuing substance use
Psychological factors	personality and temperaments	**e.g.** ▪ recent loss & stress ▪ non-adherence to medications	**e.g.** ▪ presence of cognitive errors. ▪ Lack of meaningful activities. ▪ Impaired insight
Social factors	Socioeconomic status	Life events	**e.g.** ▪ Lack of income ▪ Social isolation

❖ Conclusion:

The patient's problem and its consequences

- Diagnosis

According to DSM5 the diagnosis is:

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- Impact on self and others (dysfunction)

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- Risk to self and others

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- Effects on others

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The patient and their circumstances

- Personal history

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- Current circumstances

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- Personality

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Etiology

According to biopsychosocial model

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The patient's understanding of the above & the treatment plan

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❖ Management plan:

1- Further information needed

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2- Investigations

Laboratory	□FBC □LFTs □KFTs □TFT □ECG □drug screening Other:
Imaging	□CT □MRI □EEG
Psychological assessment	□IQ □MMPI Other:

3- Immediate treatment:

- **Indication for hospitalization**
- **Medications:**

  ……
- **ECT**

4- Short term treatment:

- **Biological treatment**

  ……

  Multidisciplinary treatment

  ……
- **Risk management**

  ……
- **Establish therapeutic alliance**

  Psychoeducation

  Supportive counselling
- **Discharge planning**

  ……

5- Medium & Long treatment plan

- **Psychological treatment**
- **Social treatment**

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